Revision:

HCFA-PM-95-4 (HSQB)

JUNE 1995

Attachment 4.35-F

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Illinois

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

State Monitoring: Describe the criteria (as required at §1919(h)(2)(A)) for applying the remedy.

X Specified Remedy

____ Alternative Remedy

(Will use the criteria and notice requirements specified in the regulation.

(Describe the criteria and demonstrate that the alternative remedy is as effective in deterring non-compliance. Notice requirements are as specified in the regulations.)

TN No. 95-21 Supersedes TN No. 89-19

Approval Date: 007 2 5 isss Effective Date: 7-1-95